## EXHIBIT C

UNITED STATES BANKRUPTCY COURT	Distric	T OF	Nevada	PROOF OF CLAIM		
Name of Dubtor USA Commercial Mortgage Company						
NOTE This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense materials are supplied to the case.	strative expense ny be filed purs	arising	after the commenceme	nt		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Donna M Cangelosi, Trustee of the Donna M Cangelosi Family Trust  Name and address where notices should be sent	else has your cla giving p	filed a p im Atta articulars ox if you	are aware that anyone roof of claim relating in the copy of statement is in have never received a bankruptcy court in the	o l		
Donna Cangelosi 5860 Lausanne Drive Reno, Nevada 89511 Telephone number (775) 530-7079  Last four digits of account or other number by which creditor identifies debtor	Check be address of the cour	ox if the on the ent.	address differs from the address differs from the avelope sent to you by replaces	THIS SPACE IS FOR COURT USE ONLY		
1 Basis for Claim Goods sold Services performed Money loaned	if this cla	Retire Wage Last f	e benefits as defined			
Personal injury/wrongful death Taxes Other See Exhibit A		from		to(date)		
2 Date debt was incurred March, 2001	3. If	court j	ıdgment, date obtaiı	ned		
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 768,560.86  Check this box if a) there is no collateral or lien securing your only part of your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 U.S.C. \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)	claim, or a lone or hich is  hich is  Up t or se § 50  Taxe  Taxe  *Amount with	Cheright of  Brie  Valu  mount of cured cla  o \$2 224  revices for (7(a)(7)  is or pen or - Spec is are suit respect	Claim  ck this box if your claisetoff)  f Description of Colla  Real Estate Mote of Collateral Land other cann if any Land or personal family, or  alties owed to governing applicable paragra bject to adjustment on to cases commenced of	teral or Vehicle Other— unknown  tharges at time case filed included in 78 21  purchase lease, or rental of property household use - 11 U S C  mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter in or after the date of adjustment		
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in additional charges.	úms	8,560 8 ecured)	(secured)	768,560 86 (priority) (Total)		
6 Credits The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contract agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are voluments are not available explain if the documents are voluments are not available of the filing addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any efficience.	credited and de nts, such as pro- tis court judgn ORIGINAL inous, attach a ing of your class	educted formissory ments, m DOCUM summar m, enclo	for the purpose of a notes, purchase ortgages security MENTS If the ry use a stamped self-	THIS SPACE IS FOR COURT USE ONLY		
1/7/05 file thus claim (attach copy of power of attorn	ey if any)	_	ustee	FILED JAN 10 200;		

UNITED STATES BANKRUPTCY COURT	Dis	TRICT O	F Nevada		PROOF OF CLAIM
Name of Dehtor Case Number					PROOF OF CLAIM
154 COMMERCIAL MURTGAGE					
NOTF This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense many					
Name of Creditor (The person or other entity to whom the dubtor owes money or property)			you are aware a		
•	VOU		ttach copy of		
AIG LIMITED A NEVADA LIMITE  Name and address where notices should be sent, DARTNERS  E904 VILLA GRANTO LANE	Che	ck box if	you have never		
9904 VILLA CHAUTES LAUS	noti	<b>:.</b>	he bankruptcy		
GRANITE BAY, CA 95746-647 Telephone number	add		he address diff envelope sent		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		ck here is claim	replaces amends a	previously filed	claim dated
1 Basis for Claim		لسط			USC § 1114(a)
Goods sold Services performed				and compensati of your SS #	ion (fill out below)
Money loaned			•	ation for service	ces performed
Personal injury/wrongful death Taxes Other  SEE EXCHUBIT  A		fro	om(da		(date)
2 Date debt was incurred ///05 %	3.	If cour	t judgment, o	late obtained	
4 Classification of Claim Check the appropriate box or boxes the	hat best des	cribe you	r claim and sta	te the amount o	f the claim at the time case filed
See reverse side for important explanations Unsegured Nonpriority Claim \$			ed Claim		
	ır claım, or		Check this box of setoff)	ıf your claım ıs :	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or			on of Collateral	
Unsecured Priority Claim					ehicle Other
Check this box if you have an unsecured claim all or part of	which is				
Amount entitled to priority \$					es <u>at time case filed</u> included in ROFEXBIACT A
Specify the priority of the claim	П	Up to \$2	,225* of depos	ats toward purcl	hase lease, or rental of property
Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	or	or service § 507(a)	es for personal	family or hous	sehold use - 11 U S C
Wages salartes or commissions (up to \$10,000) * earned with	ın 180 🗔			-	al units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debiusiness whichever is earlier 11 U S C § 507(a)(4)	tor's				f 11 USC § 507(a)() 07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a					after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	LW 4.	EXA LA		nonty) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges	dition to th			e claim Attach	itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim	credited a	ind deduc	ted for the pur	pose of T	HIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	ents, such	as promis	sory notes, pu	rchase	
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	acts court	Judgment	s, mortgages, s	ecurity	
documents are not available explain If the documents are volu	minous at	tach a sun	nmary	ine I	ED JAN 0 9 2007
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of you	ır claım e	nclose a stamp	ed, self-	FD JAN O
Date Sign and print the name and title if any, of	the creditor	or other	person author	zed to	
file this claim (attach copy of power of attorney, if any)  (18/2007 auchar alway, Inendent, CAMA Corporation  Jeneral Parkner of Alb Limited					
Heneral Parkner of	416 x	Luni	tool .		lion con-
Penulty for mesenting transplant claim Fine of me to \$500,000					USA CMC

dulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U

1072501903

UNITED STATES BANKRUPTCY COURT		DISTRIC	T OF	· Nov	ada	
Name of D. Mari						PROOF OF CLAIM
USA Commercial Mortgage Company 06-10725-4BR						
NOTF This form should not be used to make a claim for an administration						
of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503						
Name of Creditor (The person or other entity to whom the	П	Check bo	ox if y	ou are	aware that anyone	_
debtor owes money or property)		else has t	iled a	proof o	of claim relating to	
ANTHONY J. ZERBO AN UNMETTED MAN		giving pa			P) or statement	
Name and address where notices should be sent					never received any	
ANTHONY J. ZERBO 780 SARATOGA AUC. Apr. 5-107		case	om tr	ie vank	ruptcy court in this	
SANTOSE (A GE126					ess differs from the be sent to you by	
Telephone number (408) = 344-4662		the court				THIS STACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		Check he	re	repla	ces/0/20/06,10	123/06,10124/06,1,02,07 led claim dated
		ii uns cla				
1 Basis for Claim		닏				11 U S C § 1114(a) sation (fill out below)
Goods sold Services performed			Las	t four o	ligits of your SS#	
Money loaned Personal injury/wrongful death				-	mpensation for se	
Taxes Secex hibit "A"			froi	m	(date)	to(date)
Other SECCEMINITY		_				
2 Date debt was incurred APRIL 2004		3 If	court _	Judgn	nent, date obtaine	d
4 Classification of Claim Check the appropriate box or boxes th	at bes	t describe	your	claım a	and state the amour	t of the claim at the time case filed
Unsecured Nonpriority Claim \$ 878,855.25		S	ecure	d Clai	m	
	r ola-		$f_{c}$	heck th	is box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	none o	or a	rignt	or sero	17)	
only part of your claim is entitled to priority		_	_	7	scription of Collate	
Unsecured Priority Claim				Real		Vehicle Other———
Check this box if you have an unsecured claim all or part of ventitled to priority	vhich :					arges at time case filed included in
Amount entitled to priority \$					if any \$ 12, .	
Specify the priority of the claim		Up	to \$2,	225* of	deposits toward p	urchase lease or rental of property
Domestic support obligations under 11 U S C \ 507(a)(1)(A) of	r	or s		s for pe		ousehold use 11 USC
(a)(1)(B)					s owed to governm	ental units - 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt	n 180	=	-		_	h of 11 USC § 507(a)()
business whichever is earlier 11 USC \$ 507(a)(4)	0	*Amoun	ts are	subject	to adjustment on 4	/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a	1)(5)	with	respe	ect to co		or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		\$87	883	53.2	878,853,	
Check this box if claim includes interest or other charges in additional charges	dition		ncıpal		(secured) nt of the claim Atta	(priority) (Total) ach itemized statement of all
6 Credits The amount of all payments on this claim has beer	credi	ted and d	educt	ed for t	he purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim						
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contributed.	ents s	such as pr	omiss	ory no	tes purchase	
agreements and evidence of perfection of lien DO NOT SEN	ID OR	IGINAL	DOC	UMEN	TS If the	
documents are not available explain If the documents are volu	minou	s attach	a sum	mary		4 2 2007
8 Date-Stamped Copy To receive an acknowledgment of the fi	ling o	f your cla	ım er	nclose a	stamped self-	ED JAN 1 0 2007
Date Sign and print the name and title if any of the creditor or other person authorized to						ye and the
file this claim fattach copy of power of atto	rney 1	f any)	P			
Average 7 5000						USA CMC
Penalty for mesenting frontial to the Fire of the Second	. 45			4. 5		1072501050
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	ımprı	sonment	or up	to 5 ye	ears or both 18 U	10/201952

Case 06a10785-00025-1000 88115m31950tered 108/03/11/216732749ge Pages of 11 FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Dis	TRICT C	PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Company	f Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR				
NOTE: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property): David A. Souza & Elizabeth M. Souza, husband and wife, as joint tenants with right of survivorship.  Name and address where notices should be sent: David A. Souza 542 Socorro Court Reno, NV 89511	else you givi Che noti	ck box if	a proof attach or lars. you hav the bani	y s	
Telephone number: 775.852.8995	the	court.		ope sent to you by	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor:		ck here is claim	ame	aces <sub>ends</sub> a previously f	filed claim, dated: 11.1.2006
1. Resis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A		ם אינו יט	ages, sa st four	nlaries, and comper digits of your SS for compensation for so	
2. Date debt was incurred: May 2004	3.	If cour	rt j <b>udg</b> i	ment, date obtain	ed:
4. Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 515,827.21  Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of ventitled to priority.  Amount entitled to priority \$	vhich is  or  180 or's  *Av	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - 5 mounts ar with resp	Check to of seto  Real Value of nt of arr d claim.  2225* o es for p (7). penaltic Specify e subjected to o	his box if your claim his box if your claim ff).  escription of Collate Estate Moto f Collateral: \$_U  rearage and other ch , if any: \$_7,730  of deposits toward p  ersonal, family, or  es owed to govern applicable paragral ct to adjustment on trases commenced of	n is secured by collateral (including eral: or Vehicle Other— inknown  narges at time case filed included in 1.96  ourchase, lease, or rental of property household use - 11 U.S.C. nental units - 11 U.S.C. § 507(a)(8). oh of 11 U.S.C. § 507(a)().  4/1/07 and every 3 years thereafter in or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:		(uneccus	d)	515.827.21 (secured)	(priority) 515,827.21 (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.					ach itemized statement of all
6. Credits: The amount of all payments on this claim has been making this proof of claim.  7. Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volute.  8. Date-Stamped Copy: To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title, if any, of the fill this claim (attach copy of power of attorning the company of the copy of power of attorning the copy of the copy of power of attorning the copy of power of attorning the copy of the copy	ents, such acts, court ID ORIGII minous, at ling of you the creditor mey, if any	as promis judgment NAL DO tach a sur ir claim, e r or other /):	ssory notices, mortal CUMEI nmary. enclose	otes, purchase gages, security NTS. If the a stamped, self-	THIS SPACE IS FOR COURT USE ONLY

Company Company		
United States Bankruptcy Court	DISTRICT OF Nevada PROOF OF CLAI	М
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTH This form should not be used to make a claim for an admin of the case. A request for payment of an administrative expense in		
Name of Creditor (The person or other entity to whom the dubtor owes money or property)  James Paul Goode  Name and address where notices should be sent James Paul Goode	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court in this case.	
401 Puuhale Road Honolulu, HI 96819 Telephone number 808-479-0627	Check box if the address differs from the address on the envelope sent to you by the court.  This Space is for Court Usi	Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed claim dated	
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed fromto	
2 Date debt was incurred January 1999	3 If court judgment, date obtained	
See reverse side for important explanations  Unsecured Nonpriority Claim \$ 708,761 49  Check this box if a) there is no collateral or lien securing you only part of your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$	Which is    Real Estate   Motor Vehicle   Other	ding  ding  din  perty
Total Amount of Claim at Time Case Filed  C heck this box if claim includes interest or other charges in additional charges	\$ 708,761 44 708,761 49 708,761 49 (unsecured) (secured) (priority) (Total) dition to the principal amount of the claim. Attach itemized statement of all	-
6 Credits The amount of all payments on this claim has been making this proof of claim  7 Supporting Documents Attach copies of supporting documents are invoices itemized statements of running accounts contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the file this claim (attach copy of power of attornaments).	ents such as promissory notes purchase acts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the minous attach a summary FILED JAN 1 0 2007 ling of your claim enclose a stamped self-	INI Y
Pen iliv for presenting fraudulent claim Fine of up to \$500 000 or	upprsonment for up to 5 years or both 18 II 1072501971	

Cital Die (Cinciar) citit 10, (10/05)	
United States Bankrupicy Court	DISTRICT OF Nevada PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE COMPANY	Case Number 06-10725-LBR
NOTE This form should not be used to make a claim for an administrative expense ma	
Name of Creditor (The person or other entity to whom the debtor owes money or property) John M Luongo & Gioria Luongo, husband & wife, as joint tenants with right of survivorship payable on death to Stephanie Luongo Name and address where notices should be sent JOHN M LUONGO & GLORIA LUONGO	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this
965 LEAH CIRCLE RENO, NV 89511	Case Check box if the address differs from the address on the envelope sent to you by This Special is her Court Usi One.
Telephone number (775) 826-3299  Last four digits of account or other number by which creditor identifies debtor	Check here replaces amends a previously filed claim dated
I Rasis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a)  Wages salaries and compensation (fill out below)  Last four digits of your SS #  Unpaid compensation for services performed  fromto
2 Date debt was incurred 6/15/2004	3. If court judgment, date obtained
See reverse side for important explanations  Unsecured Nonpriority Claim \$ 153,373 67  Check this box if a) there is no collateral or lien securing you only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of ventitled to priority  Amount entitled to priority \$	Brief Description of Collateral    Real Estate   Motor Vehicle   Other     Value of Collateral   Unknown     Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 2,656 04     Up to \$2 225* of deposits toward purchase lease or rental of proper or services for personal, family, or household use - 11 U S C \$ 507(a)(7)     Taxes or penalties owed to governmental units   11 U S C \$ 507(a)(8)     Other - Specify applicable paragraph of 11 U S C \$ 507(a)(1)     *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in ad	\$ 153,373
interest or additional charges  6 Credits The amount of all payments on this claim has been making this proof of claim	en credited and deducted for the purpose of This SPACE IS ITAR COURT USE ONE ments, such as promissory notes, purchase
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts continuagreements and evidence of perfection of lien. DO NOT SET documents are not available explain. If the documents are voluments are voluments are not available explain. If the documents are voluments are voluments are not available explain. If the documents are voluments are voluments are voluments are voluments are not available explain. If the documents are voluments are voluments are voluments are voluments are voluments are voluments.  8 Date-Stamped Copy. To receive an acknowledgment of the faddressed envelope and copy of this proof of claim.  Date	IND ORIGINAL DOCUMENTS If the luminous attach a summary filing of your claim, enclose a stamped self-

UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM
Name of Duhtor  USA COMMERCIAL MORTGAGE CO	R	
NOTE This form should not be used to make a claim for an administrative expense material the case. A request for payment of an administrative expense material to the case.		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  THOMAS B. HARRISON AND MARGUERITE F. HARRISON TRUSTEES OF THE HARRISON FAMILY TRUST DATED 7127199  Name and address where notices should be sent THOMAS B & MARGUERITE F. HARRISON	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court in this	,
930 DORCEY DRIVE  INCLING VILLAGE, NV. 89451  Telephone number 775) 831-9402  Last four digits of account or other number by which creditor	case Check box if the address differs from the address on the envelope sent to you by the court. Check here replaces	This Space is for Court Use Only
identifies debtor	if this claim amends a previously fi	led claim dated
1 Basis for Claim Goods sold Services performed  Money loaned Personal injury/wrongful death Taxes Other  SEE EXHIBIT A	Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser from(date)	sation (fill out below)
2 Date debt was incurred	3. If court judgment, date obtaine	d
See reverse side for important explanations  Unsecured Nonpriority Claim \$307,175,18  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$	a right of setoff)  Brief Description of Collate Real Estate Motor Value of Collateral \$	arges at time case filed included in 50  archase, lease or rental of property tousehold use - 11 U S C  ental units - 11 U S C § 507(a)(8)  th of 11 U S C § 507(a)()  11/107 and every 3 years thereafter or after the date of adjustment
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in additional charges	(unsecuted) (secured) (dition to the principal amount of the claim Atta	(priority) (Total) ich itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SHACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluing.  8. Date-Stamped Copy To receive an acknowledgment of the final addressed envelope and copy of this proof of claim.	acts court judgments mortgages, security ID ORIGINAL DOCUMENTS If the	FILED JAN 1 0 200
Date Sign and print the name and title if any, of the file this claim (attach copy of power of attornments)  Narquerite RITE, FIRER	the creditor or other person authorized to mey, if any)  Harrison Trustee  150 N, TRU STE'S  THE STE'S	USA CMC 1072502003

UNITED STATES BANKRUPTCY COURT	Dis	TRICT	OF	Nevada		PP005.05.01.484
Name of Debtor	Case	Numbe	r			PROOF OF CLAIM
USA COMMERCIAL MORTERGE COMMENT		06		10725-	BR	
NOTE. This form should not be used to make a claim for an adminis	strative exp	ense ar	ısıng	after the commer	cement	
of the case. A request for payment of an administrative expense ma	y be filed p	oursuar	n to	H USC § 503		
Name of Creditor (The person or other entity to whom the				ou are aware that a proof of claim rela		
OANIEL D. NEWMAN, TRUSTEE	your	claım	Att	ach copy of states		
VANIEL DINEWINAN TRUST DATED 11/1/92		ng parti		rs ou have never rece	eved any	
Name and address where notices should be sent  DAW, FL D. NEWMAN	notic	es fro		e bankruptcy cour		
125 ELISIAN DRIVE	Case		ıf th	e address differs fi	rom the	
5 E DOWA A 2 86336 Telephone number 928 282 5466		ess on court.	the o	envelope sent to y	ou by	This Space is for Court Use Only
Last four digits of account or other number by which creditor		k here	,	replaces		
identifies debtor	ıf th	s claın	n	amends a previ	ously filed	claim dated
1 Basis for Claim						USC § 1114(a)
Goods sold Services performed			Wag Last	es salaries and control four digits of yo	compensati ur SS #	ion (fill out below)
Money loaned				aid compensation		
Personal injury/wrongful death Taxes			fron	(date)	to	(date)
Other —				(date)		(uaic)
2 Date debt was incurred MARCH 1999	3.	If co	ourt	judgment, date	obtained.	
4 Classification of Claim. Check the appropriate box or boxes th	nat best des	cribe y	our	claim and state th	e amount c	of the claim at the time case filed
See reverse side for important explanations.  Unsecured Nonpriority Claim \$4.05 & A		Sec	ure	l Claim		
	ir claim or	M	Cl	neck this box if yo	ur claım ıs	secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Brief Description of Collatera						
Unsecured Priority Claim		}	_	Real Estate	_	ehicle Other
Check this box if you have an unsecured claim all or part of v	which is			lue of Collateral		B
entitled to priority	**************************************					es at time case filed included in
Amount entitled to priority \$ secured claim, if any \$\(\alpha\)/\(\begin{align*} \text{\$\infty} \\ \A \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						
Specify the priority of the claim						hase, lease or rental of property schold use - 11 U S C.
Domestic support obligations under 11 U S C. § 507(a)(1)(A) of (a)(1)(B)	ж	§ 507			miy or nou	schold ast - 11 C B C.
Wages salaries or commissions (up to \$10 000),* earned with	n 190		-	· ·		tal units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt busine's whichever is earlier - 11 U S C \$ 507(a)(4)	or's		•	·	· ·	of 11 U S C § 507(a)()
Contributions to an employee benefit plan - 11 USC § 507(a)						(07 and every 3 years thereafter rafter the date of adjustment
5 Total Amount of Claim at Time Case Filed.		LAJE	E	A LN4E	XA	LNYEXA
		(unse	cured	) (secure	j) (p	rionty) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.						
6 Credits. The amount of all payments on this claim has beer making this proof of claim	redited a	ind dec	duct	ed for the purpose	of	THIS SPACE IS FOR COURT USE ONLY
7 Suproveting Doormante Attach course of companies decuments such as promoters authors						
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, securit						JAN 1 1 2007
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the fi					self-	
Date Sign and print the name and wile if any, of	the credito	or nt	her •	erson authorized	to	
)AN 9 file this claim (attack copy of power of atto	mey if any	y) . o. o.	ina f	nioni audiulizeu		
2007 Haniel Many	m				ı	USA CMC
Bender for many for the state of the state o	INV	572	-E			
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	r imprisonn	nent fo	r up	to 5 years or bot	h 18	1072502030

Case 06-10725-dwz Doc 8815-3	Entered 08/03/11 16:3	2·49 Page	_10_of_11
UNITED STATES BANKRUPTCY COURT POSTRIC! GF NEVADA	ROOF OF CLAIM		
Name of Debtor Case	Number		
USA Commercial Mortgage Company 06-	10725-LBR	<u></u>	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address	statement giving particulars	DEBTORS YOU DO OF CLAIM THIS IN	NOT HAVE TO FILE A PROOF ICLUDES MONEY FROM THAT
MORTENSEN CAROL FAMILY TRUST	Check box if you have never received any notices	BORROWER HELD	IN THE COLLECTION ACCOUNT
4847 DAMON CIRCLE SALT LAKE CITY UT 84117	from the bankruptcy court or BMC Group in this case		PROOF OF CLAIM FOR A ST IN A BORROWER THAT IS NOT
, ,	Check box if this address	ONE OF THE DEBT	
DATED 9/9/90	differs from the address on the envelope sent to you by the		dy filed a proof of claim with the BMC you do not need to file again
Creditor Telephone Number ( )	court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor CLIENTIQ 5592. A CETID 5329	Check here replain or if this claim amen	a previousiy fi	ied claim dated
	ree benefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wropoful death	es salaries, and compensation (		Other claims against servicer
☐ Services performed ☐ Taxes ☐ Last	four digits of your SS #	ini out below)	(not for loan balances)
	aid compensation for services pe	rformed from	to
	IF COURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best of			time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 172,875.49	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	a)iii		d by collateral (including
UNSECURED PRIORITY CLAIM	Real Estate	_	C Other
Check this box if you have an unsecured claim all or part of which is		_	Other
entitled to priority  Amount entitled to priority \$	Value of Collateral		Known
Specify the priority of the claim	secured claim, if any	to other charges as	nt time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	services for personal family of	r household use -11	USC § 507(à)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4)	Taxes or penalties owed to go  Other Specify applicable part		•
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjus	stment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ /72,875.49 \$ /72	with respect to cases comments $875.49$ \$	ced on or after the da	
AT TIME CASE FILED (unsecured)	(secured)	( priority)	\$ 172,875,49 (Total)
Check this box if claim includes interest or other charges in addition to the princ	•	· · · · · · · · · · · · · · · · · · ·	` '
6 CREDITS The amount of all payments on this claim has been credited a			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts, court judgments, mortgages security agreem	nents, and evidence of perfection	of lien DO NOT	ces itemized statements of SEND ORIGINAL
DOCUMENTS If the documents are not available explain If the documents are not available explain. If the documents are not available explain If the documents are not available explain.		•	envelope and copy of this
proof of claim			
The original of this completed proof of claim form must be sent by m ACCEPTED) so that it is actually received on or before 5 00 pm, prev for each person or entity (including individuals, partnerships, corpor	ailing Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)  BY MAIL TO  BY HA	AND OR OVERNIGHT DELIVERY TO	,	
BMC Group BMC	Group USACM Claims Docketing Cente	, <u>-</u> l.,	ED JAN 11 2007
P O Box 911 1330	East Franklin Avenue gundo CA 90245	TIL	LU OIM
DATE / / SIGN and print the name and title if any of the credit	tor or other person authorized to file		
this claim (attach copy of power o) attorney it	any) CAROL	TRU	USA CMC
parol further In	ustre morrens		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for u	p to 5 years or both 18 USC §§	152 AND 3571	1072502051

Line Court Disserver Court	Die	DICT C	YE A	levada	
UNITED STAILS BANKRUPTCY COURT	PROOF OF CLAIM				
Name of Diblor USA Commercial Mortgage Company	Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR				
NOTI- This form should not be used to make a claim for an adminis					-
NOTH This form should not be used to make a claim for an administrative expense ma	ananve exp ay be filed p	oursuant	to II	USC § 503	
	1 1				
Name of Creditor (The person or other entity to whom the	l else	has filed	a pro	are aware that anyone oof of claim relating to	
Linda C, Reid, Mishand and Wite, as wint	your	claim A	Attacl	h copy of statement	
Name of Creditor (The person or other entity to whom the dubtor owes money or property). Jack R. Clark and Linda C. Reid, Mishand and wite, as joint tenants with right of survivorship		ig particu		have notice reserved s	
Name and address where notices should be sent				have never received any cankruptcy court in this	
1. look R Clark and Linda C. Keid	_ case			• •	
9900 Wilbur May Pkwy #4701				ddress differs from the velope sent to you by	T 0 0 11 0
Rene, NV 89521-3089 Telephone number 775-853-4754	1	court.		.,	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		k here		eplaces	ad alarm datad
identifies debtor	17 th	s claım		amends a previously fi	
1 Basis for Claim				e benefits as defined in	
Goods sold				salaries and compens our digits of your SS #	
Services performed Money loaned				d compensation for ser	
Personal injury/wrongful death			•	•	
Taxes See Exhibit A				(date)	(date)
	12	16		demont det street	<u> </u>
2. Date debt was incurred May 2004	3.	II COU	rt ju	dgment, date obtaine	<u> </u>
4 Classification of Claim Check the appropriate box or boxes the	nat best des	cribe you	ur cla	am and state the amoun	of the claim at the time case filed
See reverse side for important explanations				Claim	
Unsecured Nonpriority Claim \$ 891,016.03		V	Chec	k this box if your claim	is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	ir claim or none or	a righ	t of s	setoff)	
only part of your claim is entitled to priority				Description of Collate	al
Unsecured Priority Claim					Vehicle Other
Check this box if you have an unsecured claim all or part of v	which is		Value	e of Collateral \$ W	Known
entitled to priority		Amou	int of	arrearage and other cha	rges at time case filed included in
Amount entitled to priority \$		secure	ed cla	arm If any \$ 11,84	d. 10
Specify the priority of the claim	П				rchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) of	or	or service § 507(a)		or personal family or h	ousehold use - 11 U S C
(a)(1)(B)	П			alties owed to governme	ental units - 11 U S C § 507(a)(8)
Wages salaries, or commissions (up to \$10 000) * earned within	n 180 🗂		-	_	of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C \$ 507(a)(4)			-		1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(a					or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		8910	16.	03 891.016 03	891.016.03
Check this box if claim includes interest or other charges in additional charges.	_	(unsecur	ed)	(secured)	(nnorsty) (Total)
6 Credits The amount of all payments on this claim has been	oredstad -	nd dod	oto- <sup>3</sup>	for the present of	
making this proof of claim	i cicuitea a	nu aeau	ciea i	or the purpose of	THIS SPACE IS FOR COURT USE ONLY
	ents, such	s promi	ssorv	notes purchase	4 9007
orders invoices itemized statements of running accounts contra	acts court	udgmen	ts m	ortgages security	JAN II ZUU'
i b porter of men borror ogr		いんししひ		mario muc	
documents are not available explain If the documents are volu  8 Date-Stamped Copy To receive an acknowledgment of the fi					
addressed envelope and copy of this proof of claim	mig or you	ciaim (	CHCIO	ose a stamped sett-	
Date Sign and print the name and title if any of	the creditor	or other	r pers	on authorized to	
file this claim (attach copy of power of atto	rney if any	)		$\eta \wedge 1$	
110/01 X/201 & B 1/0	$\neg \checkmark $	rda		Kal	
- MM - VM				rung	USA CMC
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or	mprisonm	ent for u	p to	5 years or both 18 U S	1072502059